2001/005

RECEIVED CENTRAL FAX CENTER

LAW OFFICES

SALTER & MICHAELSON

MAY 2 3 2005

PATENTS, TRADEMARKS & COPYRIGHTS
THE HERITAGE BUILDING
321 SOUTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903-7128

TELEPHONE: (401) 421-3141 FACSIMILE (401) 861-1953

ELLIOT A. SALTER

ROBERT S. SALTER*
DAVID M. DRISCOLL*

* ADMITTED IN MA ONLY

FACSIMILE TRANSMITTAL SHEET

Deliver to : Examiner Bradford C. Pantuck

Art Unit 3731

Firm name : U.S. Patent and Trademark Office

Fax number : (703) 872-9306
From : David M. Driscoll
Fax number : (401) 861-1953

Date : May 23, 2005

Total pages (including cover sheet): 5

Operator : pmb

Re: Applicants: Marcus Filshie et al.

Serial No.: 10/031,218

Filed: January 15, 2002 For: SURGICAL CLIP

Docket No.: 02597...

Supplemental Amendment (4 pgs) attached.

If you do not receive all of the pages, or if there is any difficulty in receiving, please call (401/421-3141) and ask for operator named above.

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE PERSON NAMED ABOVE. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL TRANSMISSION TO US AT THE ADDRESS ABOVE VIA U.S. MAIL. THANK YOU.

. > , 1

RECEIVED CENTRAL FAX CENTER

ATTORNEY DOCKET NO. 02597

MAY 2 3 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Marcus FILSHIE et al.

Serial No:

10/031,218

Filed:

January 15, 2002

For:

SURGICAL CLIP

Examiner:

Bradford C. Pantuck

Art Unit:

3731

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that this document is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.703-872-9306) on the day of 1001, 2005.

Pothicio Blockwell Certifier

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Please amend this application as follows:

In the claims:

Please amend the claims as follows: